

Family Day Care Inspection Compliance Plan

Provider's Name: **Barbara Mears**

City: **Sioux Falls**

Provider Number: **011515352**

Inspector: **Dwight Johnson**

Date of Inspection: **08/17/2020**

Time of Inspection: **10:25 AM**

Provider was found to be in full compliance

Barbara Mears

Provider Signature

08/17/2020

Date

Dwight Johnson

Inspector Signature

08/17/2020

Date